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## Regulators should do more to protect whistleblowers, commission says Reply

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## LETTERS

## ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

## Authors' reply to Cortese

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We recently expressed our concern that changing the age of onset criterion for attention-deficit/hyperactivity disorder (ADHD) from 7 to 12 years in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) might increase the risk of misdiagnosing pubertal restlessness and distractibility as ADHD.<sup>1</sup> Cortese thinks that this is not supported by empirical evidence,<sup>2</sup> and he refers to a prospective study which showed that such a change would increase the prevalence of ADHD by only 0.1%.<sup>3</sup>

The ideal diagnostic criteria should minimise the risk of both overdiagnosis and underdiagnosis (a false negative diagnosis). The problem is that increases in diagnosis can greatly exceed predictions when criteria are changed and drug companies get involved.<sup>4</sup> In the words of Allen Frances, chair of DSM-IV, "The thing I learned with DSM-IV is that if anything can be misused, it will be."<sup>5</sup>

The required age of onset of 7 years was not set arbitrarily. DSM-III and its text revision introduced this criterion to avoid misdiagnosing children who react to school stress with inattention, hyperactivity, and impulsivity.<sup>3</sup> Extending the age of onset to 12 years increases the risk of mistaking bad schooling for ADHD.

We acknowledge that most people diagnosed as adults do not recall onset before 7 years but do recall onset under 12 years.<sup>6</sup> However, a prospective study concluded that retrospective

diagnoses of childhood ADHD made on the basis of self reports are mostly invalid in settings such as epidemiological surveys and primary care facilities.<sup>7</sup>

We must get this right. In the US population of 300 million, a seemingly negligible 0.1% increase in prevalence would result in 300 000 new cases.<sup>4</sup> In the UK (population 60 million), the number of new cases would be 60 000. DSM-5 criteria must be handled with care.

Competing interests: None declared.

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